



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2004
OF THE CONDITION AND AFFAIRS OF THE

AMERICAN DENTAL PROVIDERS OF ARKANSAS, INC.

NAIC Group Code12191219NAIC Company Code11559Employer's ID Number58-2302163
(Current)(Prior)

Organized under the Laws ofArkansas, State of Domicile or Port of EntryArkansas

Country of DomicileUnited States of America

Licensed as business type:Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No [X]

Incorporated01/29/1997Commenced Business03/20/1997

Statutory Home Office100 Mansell Court East, Suite 400Roswell , GA 30076
(Street and Number)(City or Town, State and Zip Code)

Main Administrative Office100 Mansell Court East, Suite 400Roswell , GA 30076770-998-8936
(Street and Number)(City or Town, State and Zip Code)(Area Code) (Telephone Number)

Mail Address100 Mansell Court East, Suite 400Roswell , GA 30076
(Street and Number or P.O. Box)(City or Town, State and Zip Code)

Primary Location of Books and Records100 Mansell Court East, Suite 400Roswell , GA 30076770-998-8936
(Street and Number)(City or Town, State and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.compbenefits.com

Statutory Statement ContactStephanie Lyn Endres770-998-8936-8408
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Policyowner Relations Contact100 Mansell Court East, Suite 400Roswell , GA 30076770-998-8936
(Street and Number)(City or Town, State and Zip Code)(Area Code) (Telephone Number)

OFFICERS

PresidentKirk Edward Rothrock

TreasurerGeorge William Dunaway

SecretaryBruce Alexander Mitchell

ActuaryAlan Stewart

OTHER

Bruce Alexander Mitchell

George William Dunaway

Steven Kenneth Isaacs

DIRECTORS OR TRUSTEES

Kirk Edward Rothrock

Bruce Alexander Mitchell

George William Dunaway

State ofGeorgia

County ofFulton

SS:

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Kirk Edward RothrockPresident

Bruce Alexander MitchellSecretary

George William DunawayTreasurer

Subscribed and sworn to before me this21st day ofFebruary, 2005

a. Is this an original filing? Yes [X] No []

b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	105,355	0	105,355	105,019
2. Stocks (Schedule D):				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens	0	0	0	0
3.2 Other than first liens	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$0 encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less \$0 encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$0 encumbrances)	0	0	0	0
5. Cash (\$(910) , Schedule E - Part 1), cash equivalents (\$0 , Schedule E - Part 2) and short-term investments (\$100,000 , Schedule DA)	99,090	0	99,090	29,775
6. Contract loans, (including \$0 premium notes)	0	0	0	0
7. Other invested assets (Schedule BA)	0	0	0	0
8. Receivable for securities	0	0	0	0
9. Aggregate write-ins for invested assets	0	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9)	204,445	0	204,445	134,794
11. Investment income due and accrued	799	0	799	788
12. Premiums and considerations:				
12.1 Uncollected premiums and agents' balances in the course of collection	1,312	15	1,297	9,761
12.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)	0	0	0	0
12.3 Accrued retrospective premiums	0	0	0	0
13. Reinsurance:				
13.1 Amounts recoverable from reinsurers	0	0	0	0
13.2 Funds held by or deposited with reinsured companies	0	0	0	0
13.3 Other amounts receivable under reinsurance contracts	0	0	0	0
14. Amounts receivable relating to uninsured plans	0	0	0	0
15.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	0
15.2 Net deferred tax asset	1,951	1,458	493	1,698
16. Guaranty funds receivable or on deposit	0	0	0	0
17. Electronic data processing equipment and software	0	0	0	0
18. Furniture and equipment, including health care delivery assets (\$0)	0	0	0	0
19. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
20. Receivables from parent, subsidiaries and affiliates	13,409	0	13,409	9,463
21. Health care (\$0) and other amounts receivable	0	0	0	0
22. Other assets nonadmitted	0	0	0	0
23. Aggregate write-ins for other than invested assets	0	0	0	0
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	221,916	1,473	220,443	156,504
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
26. Total (Lines 24 and 25)	221,916	1,473	220,443	156,504
DETAILS OF WRITE-INS				
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	0	0
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$0 reinsurance ceded)	749	0	749	1,953
2. Accrued medical incentive pool and bonus amounts	0	0	0	0
3. Unpaid claims adjustment expenses	0	0	0	0
4. Aggregate health policy reserves.....	15,902	0	15,902	30,065
5. Aggregate life policy reserves.....	0	0	0	0
6. Property/casualty unearned premium reserves.....	0	0	0	0
7. Aggregate health claim reserves.....	0	0	0	0
8. Premiums received in advance.....	0	0	0	0
9. General expenses due or accrued.....	1,405	0	1,405	6,675
10.1 Current federal and foreign income tax payable and interest thereon (including \$0 on realized capital gains (losses))	0	0	0	0
10.2 Net deferred tax liability.....	0	0	0	0
11. Ceded reinsurance premiums payable.....	0	0	0	0
12. Amounts withheld or retained for the account of others.....	0	0	0	0
13. Remittance and items not allocated.....	0	0	0	0
14. Borrowed money (including \$0 current) and interest thereon \$0 (including \$0 current).....	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates.....	0	0	0	0
16. Payable for securities.....	0	0	0	0
17. Funds held under reinsurance treaties (with \$0 authorized reinsurers and \$0 unauthorized reinsurers).....	0	0	0	0
18. Reinsurance in unauthorized companies.....	0	0	0	0
19. Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
20. Liability for amounts held under uninsured accident and health plans.....	0	0	0	0
21. Aggregate write-ins for other liabilities (including \$0 current).....	0	0	0	420
22. Total liabilities (Lines 1 to 21).....	18,056	0	18,056	39,113
23. Common capital stock.....	XXX	XXX	100,000	100,000
24. Preferred capital stock.....	XXX	XXX	0	0
25. Gross paid in and contributed surplus.....	XXX	XXX	2,607,976	2,607,976
26. Surplus notes.....	XXX	XXX	0	0
27. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	0	0
28. Unassigned funds (surplus).....	XXX	XXX	(2,505,589)	(2,590,585)
29. Less treasury stock, at cost:				
29.1 .....0 shares common (value included in Line 23 \$0).....	XXX	XXX	0	0
29.2 .....0 shares preferred (value included in Line 24 \$0).....	XXX	XXX	0	0
30. Total capital and surplus (Lines 23 to 28 minus Line 29).....	XXX	XXX	202,387	117,391
31. Total liabilities, capital and surplus (Lines 22 and 30)	XXX	XXX	220,443	156,504
DETAILS OF WRITE-INS				
2101. Unearned Enrollment Fees	0	0	0	420
2102.				
2103.				
2198. Summary of remaining write-ins for Line 21 from overflow page	0	0	0	0
2199. Totals (Lines 2101 thru 2103 plus 2198)(Line 21 above)	0	0	0	420
2701.	XXX	XXX		
2702.	XXX	XXX		
2703.	XXX	XXX		
2798. Summary of remaining write-ins for Line 27 from overflow page	XXX	XXX	0	0
2799. Totals (Lines 2701 thru 2703 plus 2798)(Line 27 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX.....	46,736	86,790
2. Net premium income (including \$0 non-health premium income)	XXX.....	398,862	777,574
3. Change in unearned premium reserves and reserve for rate credits	XXX.....	14,163	4,517
4. Fee-for-service (net of \$0 medical expenses)	XXX.....	0	0
5. Risk revenue	XXX.....	0	0
6. Aggregate write-ins for other health care related revenues	XXX.....	0	0
7. Aggregate write-ins for other non-health revenues	XXX.....	0	0
8. Total revenues (Lines 2 to 7)	XXX.....	413,025	782,091
Hospital and Medical:			
9. Hospital/medical benefits	0	0	0
10. Other professional services	0	251,749	613,786
11. Outside referrals	0	0	0
12. Emergency room and out-of-area	0	0	0
13. Prescription drugs	0	0	0
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments, and bonus amounts	0	0	0
16. Subtotal (Lines 9 to 15)	0	251,749	613,786
Less:			
17. Net reinsurance recoveries	0	0	0
18. Total hospital and medical (Lines 16 minus 17)	0	251,749	613,786
19. Non-health claims	0	0	0
20. Claims adjustment expenses, including \$0 cost containment expenses	0	0	0
21. General administrative expenses	0	47,846	256,873
22. Increase in reserves for life and accident and health contracts (including \$0 increase in reserves for life only)	0	0	0
23. Total underwriting deductions (Lines 18 through 22).....	0	299,595	870,659
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX.....	113,430	(88,568)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)	0	2,540	2,730
26. Net realized capital gains (losses)	0	0	0
27. Net investment gains (losses) (Lines 25 plus 26)	0	2,540	2,730
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$0) (amount charged off \$0)]	0	0	0
29. Aggregate write-ins for other income or expenses	0	13,733	22,552
30. Net income or (loss) before federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX.....	129,703	(63,286)
31. Federal and foreign income taxes incurred	XXX.....	43,957	(24,528)
32. Net income (loss) (Lines 30 minus 31)	XXX.....	85,746	(38,758)
DETAILS OF WRITE-INS			
0601.	XXX.....		
0602.	XXX.....		
0603	XXX.....		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX.....	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX.....	0	0
0701.	XXX.....		
0702.	XXX.....		
0703	XXX.....		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX.....	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX.....	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0	0
2901. Administrative Income	0	13,733	22,552
2902.			
2903			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	13,733	22,552

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT:		
33. Capital and surplus prior reporting year.....	117,391	151,805
GAINS AND LOSSES TO CAPITAL & SURPLUS:		
34. Net income or (loss) from Line 32	85,746	(38,758)
35. Change in valuation basis of aggregate policy and claim reserves	0	0
36. Net unrealized capital gains and losses.....	0	0
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0
38. Change in net deferred income tax	(1,438)	(2,378)
39. Change in nonadmitted assets	688	6,722
40. Change in unauthorized reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles.....	0	0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....	0	0
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital	0	0
46. Dividends to stockholders	0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital & surplus (Lines 34 to 47)	84,996	(34,414)
49. Capital and surplus end of reporting period (Line 33 plus 48)	202,387	117,391
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	407,781	788,046
2. Net investment income	2,685	3,150
3. Miscellaneous income	13,733	22,552
4. Total (Lines 1 through 3)	424,199	813,748
5. Benefit and loss related payments	252,953	615,990
6. Net transfers to Separate, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	53,116	262,111
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) \$43,957 net of tax on capital gains (losses)	43,957	(24,528)
10. Total (Lines 5 through 9)	350,026	853,573
11. Net cash from operations (Line 4 minus Line 10)	74,173	(39,825)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	105,000	0
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	105,000	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds	105,492	0
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	105,492	0
14. Net increase (decrease) in policy loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(492)	0
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	(4,366)	(30,401)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(4,366)	(30,401)
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
18. Net change in cash and short-term investments (Line 11, plus Lines 15 and 17)	69,315	(70,226)
19. Cash and short-term investments:		
19.1 Beginning of year	29,775	100,001
19.2 End of year (Line 18 plus Line 19.1)	99,090	29,775

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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ANNUAL STATEMENT FOR THE YEAR 2004 OF THE AMERICAN DENTAL PROVIDERS OF ARKANSAS, INC.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS (Gain and Loss Exhibit)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-term Care	Other Health	Other Non-Health
1. Net premium income	398,862	.0	.0	398,862	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. Change in unearned premium reserves and reserve for rate credit	14,163	.0	.0	14,163	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Fee-for-service (net of \$0 medical expenses) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
4. Risk revenue .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
5. Aggregate write-ins for other health care related revenues .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
6. Aggregate write-ins for other non-health care related revenues .....	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
7. Total revenues (Lines 1 to 6)	413,025	.0	.0	413,025	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Hospital/medical benefits .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
9. Other professional services	251,749	.0	.0	251,749	.0	.0	.0	.0	.0	.0	.0	.0	XXX
10. Outside referrals .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
11. Emergency room and out-of-area .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
12. Prescription drugs .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
13. Aggregate write-ins for other hospital and medical revenues .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
14. Incentive pool, withhold adjustments and bonus amounts .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
15. Subtotal (Lines 8 to 14)	251,749	.0	.0	251,749	.0	.0	.0	.0	.0	.0	.0	.0	XXX
16. Net reinsurance recoveries .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
17. Total medical and hospital (Lines 15 minus 16)	251,749	.0	.0	251,749	.0	.0	.0	.0	.0	.0	.0	.0	XXX
18. Non-health claims (net) .....	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
19. Claims adjustment expenses including \$0 cost containment expenses .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
20. General administrative expenses	47,846	.0	.0	47,846	.0	.0	.0	.0	.0	.0	.0	.0	.0
21. Increase in reserves for accident and health contracts .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
22. Increase in reserves for life contracts .....	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
23. Total underwriting deductions (Lines 17 to 22)	299,595	.0	.0	299,595	.0	.0	.0	.0	.0	.0	.0	.0	.0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	113,430	.0	.0	113,430	.0	.0	.0	.0	.0	.0	.0	.0	.0
DETAILS OF WRITE-INS													
0501.													XXX
0502.													XXX
0503.													XXX
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.													XXX
1302.													XXX
1303.													XXX
1398. Summary of remaining write-ins for Line 13 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)	0	0	0	0
2. Medicare Supplement	0	0	0	0
3. Dental only	398,862	0	0	398,862
4. Vision only	0	0	0	0
5. Federal Employees Health Benefits Plan	0	0	0	0
6. Title XVIII - Medicare	0	0	0	0
7. Title XIX - Medicaid	0	0	0	0
8. Stop loss	0	0	0	0
9. Disability income	0	0	0	0
10. Long-term care	0	0	0	0
11. Other health	0	0	0	0
12. Health subtotal (Lines 1 through 11)	398,862	0	0	398,862
13. Life	0	0	0	0
14. Property/casualty	0	0	0	0
15. Totals (Lines 12 to 14)	398,862	0	0	398,862

ANNUAL STATEMENT FOR THE YEAR 2004 OF THE AMERICAN DENTAL PROVIDERS OF ARKANSAS, INC.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - Claims Incurred During the Year

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Payments during the year:													
1.1 Direct	252,953	0	0	252,953	0	0	0	0	0	0	0	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4 Net	252,953	0	0	252,953	0	0	0	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Claim liability December 31, current year from Part 2A:													
3.1 Direct	749	0	0	749	0	0	0	0	0	0	0	0	0
3.3 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net	749	0	0	749	0	0	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:													
4.1 Direct	0	0	0	0	0	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Amounts recoverable from reinsurers December 31, current year	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Claim liability December 31, prior year from Part 2A:													
7.1 Direct	1,953	0	0	1,953	0	0	0	0	0	0	0	0	0
7.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0
7.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0
7.4 Net	1,953	0	0	1,953	0	0	0	0	0	0	0	0	0
8. Claim reserve December 31, prior year from Part 2D:													
8.1 Direct	0	0	0	0	0	0	0	0	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0
8.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Accrued medical incentive pools and bonuses, prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Incurred Benefits:													
11.1 Direct	251,749	0	0	251,749	0	0	0	0	0	0	0	0	0
11.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0
11.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0
11.4 Net	251,749	0	0	251,749	0	0	0	0	0	0	0	0	0
12. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - Claims Liability End of Current Year

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Reported in Process of Adjustment:													
1.1 Direct .....	.0	0	.0	.0	.0	.0	0	.0	0	.0	0	0	.0
1.2 Reinsurance assumed .....	.0	0	.0	.0	.0	.0	0	.0	0	.0	0	0	.0
1.3 Reinsurance ceded .....	.0	0	.0	.0	.0	.0	0	.0	0	.0	0	0	.0
1.4 Net .....	.0	0	.0	.0	.0	.0	0	.0	0	.0	0	0	.0
2. Incurred but Unreported:													
2.1 Direct	749	0	.0	749	.0	.0	0	.0	0	.0	0	0	.0
2.3 Reinsurance assumed .....	.0	0	.0	.0	.0	.0	0	.0	0	.0	0	0	.0
2.3 Reinsurance ceded .....	.0	0	.0	.0	.0	.0	0	.0	0	.0	0	0	.0
2.4 Net	749	0	.0	749	.0	.0	0	.0	0	.0	0	0	.0
3. Amounts Withheld from Paid Claims and Capitations:													
3.1 Direct .....	.0	0	.0	.0	.0	.0	0	.0	0	.0	0	0	.0
3.2 Reinsurance assumed .....	.0	0	.0	.0	.0	.0	0	.0	0	.0	0	0	.0
3.3 Reinsurance ceded .....	.0	0	.0	.0	.0	.0	0	.0	0	.0	0	0	.0
3.4 Net .....	.0	0	.0	.0	.0	.0	0	.0	0	.0	0	0	.0
4. TOTALS:													
4.1 Direct	749	0	.0	749	.0	.0	0	.0	0	.0	0	0	.0
4.2 Reinsurance assumed .....	.0	0	.0	.0	.0	.0	0	.0	0	.0	0	0	.0
4.3 Reinsurance ceded .....	.0	0	.0	.0	.0	.0	0	.0	0	.0	0	0	.0
4.4 Net	749	0	0	749	0	0	0	0	0	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred In Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	0	0	0	0	0	0
2. Medicare Supplement	0	0	0	0	0	0
3. Dental Only	(2,604)	255,557	3	746	(2,601)	1,953
4. Vision Only	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan	0	0	0	0	0	0
6. Title XVIII - Medicare	0	0	0	0	0	0
7. Title XIX - Medicaid	0	0	0	0	0	0
8. Other health	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8)	(2,604)	255,557	3	746	(2,601)	1,953
10. Other non-health	0	0	0	0	0	0
11. Medical incentive pools and bonus amounts	0	0	0	0	0	0
12. Totals (Lines 9 to 11)	(2,604)	255,557	3	746	(2,601)	1,953

ANNUAL STATEMENT FOR THE YEAR 2004 OF THE AMERICAN DENTAL PROVIDERS OF ARKANSAS, INC.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A - Paid Health Claims - Dental Only

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2000	2 2001	3 2002	4 2003	5 2004
1.	Prior	0	0	0	0	0
2.	2000	0	0	0	0	0
3.	2001	XXX	0	4	4	4
4.	2002	XXX	XXX	445	446	446
5.	2003	XXX	XXX	XXX	616	613
6.	2004	XXX	XXX	XXX	XXX	256

Section B - Incurred Health Claims - Dental Only

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability and Reserve Outstanding at End of Year				
		1 2000	2 2001	3 2002	4 2003	5 2004
1.	Prior	0	0	0	0	0
2.	2000	0	0	0	0	0
3.	2001	XXX	0	4	4	4
4.	2002	XXX	XXX	448	446	446
5.	2003	XXX	XXX	XXX	618	613
6.	2004	XXX	XXX	XXX	XXX	256

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2000	1,254	726	0	0.0	726	57.9	0	0	726	57.9
2.	2001	1,073	548	0	0.0	548	51.1	0	0	548	51.1
3.	2002	930	449	0	0.0	449	48.3	0	0	449	48.3
4.	2003	782	613	0	0.0	613	78.4	0	0	613	78.4
5.	2004	413	256	0	0.0	256	62.0	1	0	257	62.2

ANNUAL STATEMENT FOR THE YEAR 2004 OF THE AMERICAN DENTAL PROVIDERS OF ARKANSAS, INC.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2000	2 2001	3 2002	4 2003	5 2004
1.	Prior	0	0	0	0	0
2.	2000	0	0	0	0	0
3.	2001	XXX	0	4	4	4
4.	2002	XXX	XXX	445	446	446
5.	2003	XXX	XXX	XXX	616	613
6.	2004	XXX	XXX	XXX	XXX	256

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability and Reserve Outstanding at End of Year				
		1 2000	2 2001	3 2002	4 2003	5 2004
1.	Prior	0	0	0	0	0
2.	2000	0	0	0	0	0
3.	2001	XXX	0	4	4	4
4.	2002	XXX	XXX	448	446	446
5.	2003	XXX	XXX	XXX	618	613
6.	2004	XXX	XXX	XXX	XXX	256

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1.	2000	1,254	726	0	0.0	726	57.9	0	0	726	57.9
2.	2001	1,073	548	0	0.0	548	51.1	0	0	548	51.1
3.	2002	930	449	0	0.0	449	48.3	0	0	449	48.3
4.	2003	782	613	0	0.0	613	78.4	0	0	613	78.4
5.	2004	413	256	0	0.0	256	62.0	1	0	257	62.2

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY												
	1	2	3	4	5	6	7	8	9	10	11	12
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
POLICY RESERVE												
1. Unearned premium reserves	15,902	.0	.0	15,902	.0	.0	.0	.0	.0	.0	.0	.0
2. Additional policy reserves (a)	0	.0	.0	0	.0	.0	.0	.0	.0	.0	.0	.0
3. Reserve for future contingent benefits	0	.0	.0	0	.0	.0	.0	.0	.0	.0	.0	.0
4. Reserve for rate credits or experience rating refunds (including \$0) for investment income	0	.0	.0	0	.0	.0	.0	.0	.0	.0	.0	.0
5. Aggregate write-ins for other policy reserves ...	0	.0	.0	0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (Gross)	15,902	.0	.0	15,902	.0	.0	.0	.0	.0	.0	.0	.0
7. Reinsurance ceded	0	.0	.0	0	.0	.0	.0	.0	.0	.0	.0	.0
8. Totals (Net)(Page 3, Line 4)	15,902	0	0	15,902	0	0	0	0	0	0	0	0
CLAIM RESERVE												
9. Present value of amounts not yet due on claims	0	.0	.0	0	.0	.0	.0	.0	.0	.0	.0	.0
10. Reserve for future contingent benefits	0	.0	.0	0	.0	.0	.0	.0	.0	.0	.0	.0
11. Aggregate write-ins for other claim reserves	0	.0	.0	0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (Gross)	0	.0	.0	0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded	0	.0	.0	0	.0	.0	.0	.0	.0	.0	.0	.0
14. Totals (Net)(Page 3, Line 7)	0	0	0	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS												
0501.												
0502.												
0503.												
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	.0	.0	0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0
1101.												
1102.												
1103.												
1198. Summary of remaining write-ins for Line 11 from overflow page	0	.0	.0	0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$0 premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2004 OF THE AMERICAN DENTAL PROVIDERS OF ARKANSAS, INC.

UNDERWRITING AND INVESTMENT EXHIBIT

	Claim Adjustment Expenses		3	4	5
	1	2			
	Claim Adjustment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent (\$0 for occupancy of own building)	0	0	0	0	0
2. Salary, wages and other benefits	0	0	0	0	0
3. Commissions (less \$0 ceded plus \$0 assumed)	0	0	37,393	0	37,393
4. Legal fees and expenses	0	0	0	0	0
5. Certifications and accreditation fees	0	0	0	0	0
6. Auditing, actuarial and other consulting services	0	0	0	0	0
7. Traveling expenses	0	0	0	0	0
8. Marketing and advertising	0	0	0	0	0
9. Postage, express and telephone	0	0	0	0	0
10. Printing and office supplies	0	0	0	0	0
11. Occupancy, depreciation and amortization	0	0	0	0	0
12. Equipment	0	0	0	0	0
13. Cost or depreciation of EDP equipment and software	0	0	0	0	0
14. Outsourced services including EDP, claims, and other services	0	0	0	0	0
15. Boards, bureaus and association fees	0	0	0	0	0
16. Insurance, except on real estate	0	0	0	0	0
17. Collection and bank service charges	0	0	0	0	0
18. Group service and administration fees	0	0	0	0	0
19. Reimbursements by uninsured accident and health plans	0	0	0	0	0
20. Reimbursements from fiscal intermediaries	0	0	0	0	0
21. Real estate expenses	0	0	0	0	0
22. Real estate taxes	0	0	0	0	0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	0	0	0
23.2 State premium taxes	0	0	10,453	0	10,453
23.3 Regulatory authority licenses and fees	0	0	0	0	0
23.4 Payroll taxes	0	0	0	0	0
23.5 Other (excluding federal income and real estate taxes)	0	0	0	0	0
24. Investment expenses not included elsewhere	0	0	0	0	0
25. Aggregate write-ins for expenses	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25)	0	0	47,846	0	(a) .....47,846
27. Less expenses unpaid December 31, current year	0	0	1,405	0	1,405
28. Add expenses unpaid December 31, prior year	0	0	6,675	0	6,675
29. Amounts receivable relating to uninsured accident and health plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured accident and health plans, current year	0	0	0	0	0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	0	0	53,116	0	53,116
DETAILS OF WRITE-INS					
2501.					
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0	0	0

(a) Includes management fees of \$0 to affiliates and \$0 to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2004 OF THE AMERICAN DENTAL PROVIDERS OF ARKANSAS, INC.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. government bonds	(a) 2,678	2,522
1.1	Bonds exempt from U.S. tax	(a) 0	0
1.2	Other bonds (unaffiliated)	(a) 0	0
1.3	Bonds of affiliates	(a) 0	0
2.1	Preferred stocks (unaffiliated)	(b) 0	0
2.11	Preferred stocks of affiliates	(b) 0	0
2.2	Common stocks (unaffiliated)	0	0
2.21	Common stocks of affiliates	0	0
3.	Mortgage loans	(c) 0	0
4.	Real estate	(d) 0	0
5	Contract Loans	0	0
6	Cash, cash equivalents and short-term investments	(e) 7	18
7	Derivative instruments	(f) 0	0
8.	Other invested assets	0	0
9.	Aggregate write-ins for investment income	0	0
10.	Total gross investment income	2,685	2,540
11.	Investment expenses		(g) 0
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13.	Interest expense		(h) 0
14.	Depreciation on real estate and other invested assets		(i) 0
15.	Aggregate write-ins for deductions from investment income		0
16.	Total deductions (Lines 11 through 15)		0
17.	Net investment income (Line 10 minus Line 16)		2,540
DETAILS OF WRITE-INS			
0901.	.....	
0902.	.....	
0903.	.....	
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0
1501.	.....	
1502.	.....	
1503.	.....	
1598.	Summary of remaining write-ins for Line 15 from overflow page		0
1599.	Totals (Lines 1501 thru 1303 plus 1598) (Line 15, above)		0

(a) Includes \$0 accrual of discount less \$156 amortization of premium and less \$0 paid for accrued interest on purchases.

(b) Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued dividends on purchases.

(c) Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued interest on purchases.

(d) Includes \$0 for company's occupancy of its own buildings; and excludes \$0 interest on encumbrances.

(e) Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued interest on purchases.

(f) Includes \$0 accrual of discount less \$0 amortization of premium.

(g) Includes \$.0 investment expenses and \$0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.

(h) Includes \$0 interest on surplus notes and \$0 interest on capital notes.

(i) Includes \$0 depreciation on real estate and \$0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Increases (Decreases) by Adjustment	Total
1.	U.S. Government bonds				
1.1	Bonds exempt from U.S. tax				
1.2	Other bonds (unaffiliated)				
1.3	Bonds of affiliates				
2.1	Preferred stocks (unaffiliated)				
2.11	Preferred stocks of affiliates				
2.2	Common stocks (unaffiliated)				
2.21	Common stocks of affiliates				
3.	Mortgage loans				
4.	Real estate				
5.	Contract Loans				
6.	Cash, cash equivalents and short-term investments				
7.	Derivative instruments				
8.	Other invested assets				
9.	Aggregate write-ins for capital gains (losses)				
10.	Total capital gains (losses)				
DETAILS OF WRITE-INS					
0901.	.....			
0902.	.....			
0903.	.....			
0998.	Summary of remaining write-ins for Line 9 from overflow page				
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)				

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)	0	0	0
6. Contract loans	0	0	0
7. Other invested assets (Schedule BA)	0	0	0
8. Receivable for securities	0	0	0
9. Aggregate write-ins for invested assets	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9)	0	0	0
11. Investment income due and accrued	0	0	0
12. Premiums and considerations:			
12.1 Uncollected premiums and agents' balances in the course of collection	15	470	455
12.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due	0	0	0
12.3 Accrued retrospective premiums	0	0	0
13. Reinsurance:			
13.1 Amounts recoverable from reinsurers	0	0	0
13.2 Funds held by or deposited with reinsured companies	0	0	0
13.3 Other amounts receivable under reinsurance contracts	0	0	0
14. Amounts receivable relating to uninsured plans	0	0	0
15.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
15.2 Net deferred tax asset	1,458	1,691	233
16. Guaranty funds receivable or on deposit	0	0	0
17. Electronic data processing equipment and software	0	0	0
18. Furniture and equipment, including health care delivery assets	0	0	0
19. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
20. Receivable from parent, subsidiaries and affiliates	0	0	0
21. Health care and other amounts receivable	0	0	0
22. Other assets nonadmitted	0	0	0
23. Aggregate write-ins for other than invested assets	0	0	0
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	1,473	2,161	688
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
26. Total (Lines 24 and 25)	1,473	2,161	688
DETAILS OF WRITE-INS			
0901.			
0902.			
0903.			
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	0
2301.			
2302.			
2303.			
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	0	0	0

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	6,767	5,816	3,687	2,057	1,690	46,736
2. Provider Service Organizations	0	0	0	0	0	0
3. Preferred Provider Organizations	0	0	0	0	0	0
4. Point of Service	0	0	0	0	0	0
5. Indemnity Only	0	0	0	0	0	0
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	6,767	5,816	3,687	2,057	1,690	46,736
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of American Dental Providers of Arkansas, Inc. ("the Company") are presented on the basis of accounting practices prescribed or permitted by the Arkansas Insurance Department.

The Arkansas Insurance Department recognizes only statutory accounting practices prescribed or permitted by the state of Arkansas for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Arkansas Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures* manual, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Arkansas.

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Health premiums are earned ratably over the terms of the related insurance and reinsurance contracts or policies. Expenses incurred in connection with acquiring new business, including acquisition cost such as sales commissions, are charged to operations as incurred.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments are stated at cost.
- (2) Bonds are stated at amortized cost.
- (3) N/A
- (4) N/A
- (5) N/A
- (6) N/A
- (7) N/A
- (8) N/A
- (9) N/A
- (10) The Company does not utilize anticipated investment income as a factor in the premium deficiency calculation.
- (11) Claim reserves were established using standard actuarial methods. Claim adjustment expenses were estimated using historical claim adjudication costs and combined with claim reserves for reporting.
- (12) The Company has not modified its capitalization policy from the prior period.

2. Accounting Changes and Corrections of Errors

A. None .

B. The Company prepares its statutory financial statements in conformity with accounting practices prescribed or permitted by the state of Arkansas. Effective January 1, 2001, the state of Arkansas required that insurance companies domiciled in the state of Arkansas prepare their statutory basis financial statements in accordance with the NAIC *Accounting Practices and Procedures* manual subject to any deviations prescribed or permitted by the state of Arkansas insurance commissioner. Accounting changes adopted to conform to the provisions of the *NAIC Accounting Practices and Procedures* manual, effective January 1, 2001 are reported as changes in accounting principles. The cumulative effect of changes in accounting principles is reported as an adjustment to unassigned funds in the period of the change in accounting principle. The cumulative effect is the difference between the amount of capital and surplus at the beginning of the year and the amount of capital and surplus that would have been reported at the date if the new accounting principles had been applied retroactively for all prior periods. As a result of these changes, the Company reported an increase to capital and surplus amounting to \$4,341, which was reflected as a cumulative effect of changes in accounting principles of \$5,732 and a change in deferred income tax for (\$1,391).

3. Business Combinations and Goodwill

None

4. Discontinued Operations

The Company did not have any discontinued operations.

5. Investments

None

NOTES TO FINANCIAL STATEMENTS

6. Joint Ventures, Partnerships and Limited Liability Companies

The Company has no investment in Joint Ventures, Partnerships or Limited Liability Companies.

7. Investment Income

No investment income due and accrued was excluded from surplus.

8. Derivative Instruments

The Company has no investments in derivative instruments.

9. Income Taxes

A. The components of the net deferred tax asset/(liability) at December 31, are as follows:

	2004	2003
(1) Total of all deferred tax assets (admitted and non-admitted)	\$1,951	\$3,389
(2) Total of all deferred tax liabilities	0	0
(3) Total deferred tax assets non-admitted in accordance with SSAP No. 10, Income Taxes	1,458	1,691
(4) Total of all deferred tax assets	493	1,698
(5) Increase (decrease) in deferred tax assets non-admitted	(\$ 233)	(\$ 234)

B. Not applicable

C. (1) Current income taxes incurred consist of the following major components:

	2004	2003
Net income/(loss) before income taxes X 35% (federal statutory rate)	\$45,396	(\$22,150)
Claims Reserves	0	586
Capitation Reserves	82	(1,358)
Allowance for Doubtful Accounts	(701)	(1,373)
Noncompete Agreement	(233)	(233)
Prior Year True-up	(587)	0
Total incurred income tax expense/(benefit)	\$43,957	(\$24,528)

(2) The main components of the 2004 deferred tax amounts are as follows:

	Statutory	Tax	Difference	Tax Effect
DTAs				
Noncompete Agreements	\$ 0	(\$4,831)	\$4,831	\$1,691
Capitation Reserves	512	0	512	179
Reserves – Allowance for Doubtful Accounts	230	0	230	81
DTAs non-admitted				
Noncompete Agreements	\$ 0	\$4,165	(\$4,165)	(\$1,458)

	Statutory	Tax	Difference	Tax Effect
DTLs	\$ 0	\$ 0	\$ 0	\$ 0

The main components of the 2003 deferred tax amounts are as follows:

	Statutory	Tax	Difference	Tax Effect
DTAs				
Noncompete Agreements	\$ 0	(\$5,498)	\$5,498	\$1,925
Claims Reserves	1,675	0	1,675	586
Capitation Reserves	278	0	278	97
Reserves – Allowance for Doubtful Accounts	2,232	0	2,232	781
DTAs non-admitted				
Noncompete Agreements	0	\$4,831	(\$4,831)	(\$1,691)

	Statutory	Tax	Difference	Tax Effect
DTLs	\$ 0	\$ 0	\$ 0	\$ 0

NOTES TO FINANCIAL STATEMENTS

(3) The changes in main components of DTAs and DTLs are as follows:

DTAs Resulting From Book/Tax Differences In	2004	2003	Change
DTAs			
Noncompete Agreements	\$1,691	\$1,925	(\$234)
Claims Reserves	0	586	(586)
Capitation Reserves	179	97	82
Reserves – Allowance for Doubtful Accounts	81	781	(700)
DTAs non-admitted	(1,458)	(1,691)	\$233

DTLs Resulting From Book/Tax Differences In	2004	2003	Change
DTLs	\$ 0	\$ 0	\$ 0

D. Among the more significant book to tax adjustments were the following:

	2004	2003
Pre-tax income/(loss) per book	\$129,703	(\$63,286)
Claims Reserve	(1,675)	1,675
Capitation Reserve	234	(3,879)
Allowance for Doubtful Accounts	(2,003)	(3,922)
Noncompete Agreements	(667)	(667)
Taxable income/(loss)	\$125,592	(\$70,079)

- E. Operating Loss Carry Forwards
- (1) None
 - (2) The amount of federal income taxes incurred in the current year and each preceding year that are available for recoupment in the event of future net losses is \$134,844.

F. (1) The Company's federal income tax return is consolidated with the following entities:

CompBenefits Corporation (Ultimate Parent)	Vision Care, Inc.
CompBenefits Dental and Vision Company	OHS, Inc.
CompBenefits Company	OHS of Georgia, Inc.
American Dental Plan of Georgia, Inc.	CompBenefits of Alabama, Inc.
American Dental Plan of North Carolina, Inc.	Ultimate Optical, Inc.
Dental Care Plus Management, Corp.	Texas Dental Plans, Inc.
DentiCare, Inc.	CompBenefits Dental, Inc.
CompDent Corporation	Dental Health Management, Inc.
National Dental Plans, Inc.	American Dental Providers of Arkansas, Inc.
Diamond Dental of Arkansas, Inc.	Oral Health Services, Inc.
CompDent Preferred Networks, Inc.	CompBenefits Insurance Company

(2) The operations of the Company are consolidated for federal income tax purposes and filed in a consolidated tax return with the Ultimate Parent. Under a written tax sharing agreement, the Company is allocated a tax provision through the intercompany accounts, as if the Company filed separate income tax returns.

10. Information Concerning Parent, Subsidiaries and Affiliates

The Company is a wholly owned subsidiary of CompBenefits Dental and Vision Company (Parent), which is a wholly owned subsidiary of CompBenefits Corporation (Ultimate Parent).

At December 31, 2004 and 2003, the Company reported \$13,409 and \$9,463, respectively, as an amount due from the Parent and its affiliates. The terms of the intercompany agreements require the timely settlement of these amounts.

The Company has entered into an agreement with CompBenefits Dental and Vision Company, whereby CompBenefits Dental and Vision Company provides marketing, processing, and other administrative services to the Company for a management fee. The management fee may be waived if the Company will have a net loss after recognition of the fee or if such fee impairs regulatory capital. The management fee for the years ended December 31, 2004 and 2003 was \$0 and \$174,149, respectively.

The Company has no guarantees or undertaking, written or otherwise, for the benefit of an affiliate or related party that results in a material contingent exposure of the reporting entity's or any related party's assets or liabilities.

The Company does not own shares of any upstream intermediate or of the Parent Company.

The Company does not have any investments with the Parent Company or any of its subsidiaries and affiliates.

NOTES TO FINANCIAL STATEMENTS

The stock of the Company is pledged as collateral on the outstanding senior obligations of the Parent Company.

11. Debt

The Company has no outstanding debt.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

The Company has no retirement or deferred compensation plans for officers or employees.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganization

(1) The Company has 1,000 shares of common stock at a par value of \$100.00 per share authorized, issued and outstanding.

(2) The Company does not have outstanding preferred stock.

(3) As required by Title 23, Subtitle 3, Chapter 63, Section 23-63-515, the Company may distribute ordinary dividends defined as less than the extraordinary dividend limits. Extraordinary dividends are defined as the larger of: 1) the lesser of 10% of surplus, or the net gain from operations; or 2) 10% of surplus with dividends payable only from unassigned funds less 25% of unrealized capital gains; or 3) the lesser of 10% of surplus, or the net gain before capital gains, with it understood that such insurer may carry forward net gain before capital gains from the previous 2 calendar years that has not already been paid out as dividends. The Company did not pay ordinary dividends in 2004.

(4) Within the limitations of (3) above, there are no restrictions placed on the portion of the Company's profits that may be paid as ordinary dividends.

(5) There were no restrictions placed on the Company's surplus.

(6) Total amount of advances to surplus not repaid - Not applicable

(7) Stock held for special purposes - Not applicable

(8) Special surplus funds - Not applicable

(9) The portion of unassigned funds (surplus) represented or reduced by each item below is as follows:

- a) Unrealized gains or losses - \$0
- b) Nonadmitted asset values - \$1,473
- c) Separate account business - \$0
- d) Asset valuation reserves - \$0
- e) Provision for reinsurance - \$0

(10) Surplus Notes - Not applicable

(11) Quasi-Reorganization - Not applicable

(12) Effective date of a quasi-reorganization – Not applicable

14. Contingencies

The Company has no material contingent liabilities as of December 31, 2004.

15. Leases

The Company does not have any material lease obligations.

16. Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments With Concentrations of Credit Risk

The Company does not have any financial instruments in the above mentioned categories.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Not applicable

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

NOTES TO FINANCIAL STATEMENTS

The net gain/(loss) was not due to uninsured plans or the uninsured portion of partially insured plans.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

The Company does not have any managing general agents or third party administrators who write an amount of premiums equal to or greater than 5% of surplus.

20. September 11 Events

None

21. Other Items

None

22. Events Subsequent

The Company did not have any events subsequent.

23. Reinsurance

Not applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

The Company did not have any retrospectively rated contracts or contracts subject to redetermination.

25. Change in Incurred Claims and Claim Adjustment Expenses

The Company experienced no significant changes in the provision for incurred claims and claim adjustment expenses attributable to insured events of prior years.

26. Intercompany Pooling Arrangements

The Company does not have any intercompany pooling arrangements.

27. Structured Settlements

Not applicable

28. Health Care Receivables

The Company does not have health care receivables.

29. Participating Policies

The Company does not have participating policies.

30. Premium Deficiency Reserves

The Company did not have premium deficiency reserves as of December 31, 2004.

31. Anticipated Salvage and Subrogation

The Company does not have any estimates of anticipated salvage and subrogation.

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement	
	1 Amount	2 Percentage	3 Amount	4 Percentage
1. Bonds:				
1.1 U.S. Treasury securities	105,355	51.5	105,355	51.5
1.2 U.S. government agency and corporate obligations (excluding mortgage-backed securities):				
1.21 Issued by U.S. government agencies	0	0.0	0	0.0
1.22 Issued by U.S. government sponsored agencies	0	0.0	0	0.0
1.3 Foreign government (including Canada, excluding mortgaged-backed securities)	0	0.0	0	0.0
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S. :				
1.41 States, territories and possessions general obligations	0	0.0	0	0.0
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations	0	0.0	0	0.0
1.43 Revenue and assessment obligations	0	0.0	0	0.0
1.44 Industrial development and similar obligations	0	0.0	0	0.0
1.5 Mortgage-backed securities (includes residential and commercial MBS):				
1.51 Pass-through securities:				
1.511 Issued or guaranteed by GNMA	0	0.0	0	0.0
1.512 Issued or guaranteed by FNMA and FHLMC	0	0.0	0	0.0
1.513 All other	0	0.0	0	0.0
1.52 CMOs and REMICs:				
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA	0	0.0	0	0.0
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521	0	0.0	0	0.0
1.523 All other	0	0.0	0	0.0
2. Other debt and other fixed income securities (excluding short-term):				
2.1 Unaffiliated domestic securities (includes credit tenant loans rated by the SVO)	0	0.0	0	0.0
2.2 Unaffiliated foreign securities	0	0.0	0	0.0
2.3 Affiliated securities	0	0.0	0	0.0
3. Equity interests:				
3.1 Investments in mutual funds	0	0.0	0	0.0
3.2 Preferred stocks:				
3.21 Affiliated	0	0.0	0	0.0
3.22 Unaffiliated	0	0.0	0	0.0
3.3 Publicly traded equity securities (excluding preferred stocks):				
3.31 Affiliated	0	0.0	0	0.0
3.32 Unaffiliated	0	0.0	0	0.0
3.4 Other equity securities:				
3.41 Affiliated	0	0.0	0	0.0
3.42 Unaffiliated	0	0.0	0	0.0
3.5 Other equity interests including tangible personal property under lease:				
3.51 Affiliated	0	0.0	0	0.0
3.52 Unaffiliated	0	0.0	0	0.0
4. Mortgage loans:				
4.1 Construction and land development	0	0.0	0	0.0
4.2 Agricultural	0	0.0	0	0.0
4.3 Single family residential properties	0	0.0	0	0.0
4.4 Multifamily residential properties	0	0.0	0	0.0
4.5 Commercial loans	0	0.0	0	0.0
4.6 Mezzanine real estate loans	0	0.0	0	0.0
5. Real estate investments:				
5.1 Property occupied by the company	0	0.0	0	0.0
5.2 Property held for the production of income (includes \$0 of property acquired in satisfaction of debt)	0	0.0	0	0.0
5.3 Property held for sale (\$0 including property acquired in satisfaction of debt)	0	0.0	0	0.0
6. Policy loans	0	0.0	0	0.0
7. Receivables for securities	0	0.0	0	0.0
8. Cash, cash equivalents and short-term investments	99,090	48.5	99,090	48.5
9. Other invested assets	0	0.0	0	0.0
10. Total invested assets	204,445	100.0	204,445	100.0

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes ☒ No ☐
- 1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes ☒ No ☐ N/A ☐
- 1.3

State Regulating?

Arkansas
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 2.2

If yes, date of change:

If not previously filed, furnish herewith a certified copy of the instrument as amended.
- 3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2001
- 3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

11/27/2002
- 3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

02/10/2003
- 3.4

By what department or departments?

Arkansas Department of Insurance
- 4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business?

Yes ☐ No ☒

4.12 renewals?

Yes ☐ No ☒
- 4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business?

Yes ☐ No ☒

4.22 renewals?

Yes ☐ No ☒
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒
- 5.2

If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

- 6.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.)

Yes ☐ No ☒
- 6.2

If yes, give full information:
- 7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes ☐ No ☒
- 7.2

If yes,

7.21 State the percentage of foreign control;

7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity

ANNUAL STATEMENT FOR THE YEAR 2004 OF THE AMERICAN DENTAL PROVIDERS OF ARKANSAS, INC.

GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide the names and location (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
.....
.....
.....

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Ernst & Young LLP 600 Peachtree Street, Suite 2800, Atlanta, GA 30308-2215
10. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with a(n) actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Alan Stewart 100 Mansell Court East, Suite 400, Roswell, GA 30076 CompBenefits Corporation - Senior Vice President & Chief Actuary
11. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 11.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 11.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
- 11.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
- 11.4 If answer to (11.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []

BOARD OF DIRECTORS

12. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes [X] No []
13. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []
14. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees which is in or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

- 15.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans): 15.11 To directors or other officers.....\$0
15.12 To stockholders not officers.....\$0
15.13 Trustees, supreme or grand (Fraternal Only)\$0
- 15.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans): 15.21 To directors or other officers.....\$0
15.22 To stockholders not officers.....\$0
15.23 Trustees, supreme or grand (Fraternal Only)\$0
- 16.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in this statement? Yes [] No [X]
- 16.2 If yes, state the amount thereof at December 31 of the current year: 16.21 Rented from others.....\$0
16.22 Borrowed from others.....\$0
16.23 Leased from others\$0
16.24 Other\$0

Disclose in Notes to Financial Statements the nature of each obligation.

- 17.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X]
- 17.2 If answer is yes, 17.21 Amount paid as losses or risk adjustment \$0
17.22 Amount paid as expenses\$0
17.23 Other amounts paid\$0

ANNUAL STATEMENT FOR THE YEAR 2004 OF THE AMERICAN DENTAL PROVIDERS OF ARKANSAS, INC.

GENERAL INTERROGATORIES

INVESTMENT

18. List the following capital stock information for the reporting entity:

Class	1 Number of Shares Authorized	2 Number of Shares Outstanding	3 Par Value Per Share	4 Redemption Price if Callable	5 Is Dividend Rate Limited?	6 Are Dividends Cumulative?
Preferred	0	0	0.000	0	Yes [] No [X]	Yes [] No [X]
Common	1,000	1,000	100.000	XXX	XXX	XXX

19.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date, except as shown by Schedule E - Part 3 - Special Deposits? Yes [X] No []

19.2 If no, give full and complete information relating thereto:

20.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, except as shown on the Schedule E - Part 3 - Special Deposits, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 16.1). Yes [] No [X]

20.2 If yes, state the amount thereof at December 31 of the current year:

20.21 Loaned to others \$ 0

20.22 Subject to repurchase agreements \$ 0

20.23 Subject to reverse repurchase agreements \$ 0

20.24 Subject to dollar repurchase agreements \$ 0

20.25 Subject to reverse dollar repurchase agreements \$ 0

20.26 Pledged as collateral \$ 0

20.27 Placed under option agreements \$ 0

20.28 Letter stock or other securities restricted as to sale \$ 0

20.29 Other \$ 0

20.3 For category (20.28) provide the following:

1 Nature of Restriction	2 Description	3 Amount

21.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

21.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
If no, attach a description with this statement.

22.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

22.2 If yes, state the amount thereof at December 31 of the current year. \$ 0

GENERAL INTERROGATORIES

INVESTMENT

23. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1 - General, Section IV.H - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes [X] No []

23.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Nature of Custodian(s)	2 Custodian's Address
Bank of America	P.O. Box 1681, Little Rock, AR 72203
.....

23.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
N/A
.....

23.03 Has there been any changes, including name changes, in the custodian(s) identified in 23.01 during the current year?

Yes [] No [X]

23.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....
.....
.....

23.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of brokers/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address
None
.....

24.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)]?

Yes [] No [X]

24.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
.....
.....
9999999 - Total		0

24.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....
.....

ANNUAL STATEMENT FOR THE YEAR 2004 OF THE AMERICAN DENTAL PROVIDERS OF ARKANSAS, INC.

GENERAL INTERROGATORIES

INVESTMENT

25. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
25.1 Bonds	105,355	103,881	(1,474)
25.2 Preferred stocks	0	0	0
25.3 Totals	105,355	103,881	(1,474)

25.4 Describe the sources or methods utilized in determining the fair values:
The fair value was obtained from the financial institution portfolio statement as of December 31, 2004.

26.1 Have all the filing requirements of the Purposes and Procedures manual of the NAIC Securities Valuation Office been followed? Yes [X] No []

26.2 If no, list exceptions:

OTHER

27.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?\$0

27.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....
.....
.....

28.1 Amount of payments for legal expenses, if any?\$0

28.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....
.....
.....

29.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?\$0

29.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....
.....
.....

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [☐] No [☒]

1.2

If yes, indicate premium earned on U. S. business only

\$ 0

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$ 0

1.31

Reason for excluding

1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.

\$ 0

1.5

Indicate total incurred claims on all Medicare Supplement Insurance.

\$ 0

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

\$ 0

1.62

Total incurred claims

\$ 0

1.63

Number of covered lives

0

All years prior to most current three years

1.64

Total premium earned

\$ 0

1.65

Total incurred claims

\$ 0

1.66

Number of covered lives

0

1.7

Group policies:

Most current three years:

1.71

Total premium earned

\$ 0

1.72

Total incurred claims

\$ 0

1.73

Number of covered lives

0

All years prior to most current three years

1.74

Total premium earned

\$ 0

1.75

Total incurred claims

\$ 0

1.76

Number of covered lives

0

2.

Health Test:

1

Current Year

2

Prior Year

2.1

Premium Numerator

398,862

777,574

2.2

Premium Denominator

398,862

777,574

2.3

Premium Ratio (2.1/2.2)

1.000

1.000

2.4

Reserve Numerator

16,651

32,018

2.5

Reserve Denominator

16,651

32,018

2.6

Reserve Ratio (2.4/2.5)

1.000

1.000

3.1

Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [☐] No [☒]

3.2

If yes, give particulars:

4.1

Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [☒] No [☐]

4.2

If not previously filed furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes [☐] No [☒]

5.1

Does the reporting entity have stop-loss reinsurance?

Yes [☐] No [☒]

5.2

If no, explain
N/A; Prepaid Dental Plan

5.3

Maximum retained risk (see instructions)

5.31

Comprehensive Medical

\$ 0

5.32

Medical Only

\$ 0

5.33

Medicare Supplement

\$ 0

5.34

Dental

\$ 0

5.35

Other Limited Benefit Plan

\$ 0

5.36

Other

\$ 0

6.

Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
Agreements with providers to continue rendering services.

7.1

Does the reporting entity set up its claim liability for provider services on a service date basis?.....

Yes [☐] No [☒]

7.2

If no, give details
N/A; Prepaid Dental Plan

8.

Provide the following information regarding participating providers:

8.1

Number of providers at start of reporting year

89

8.2

Number of providers at end of reporting year

67

9.1

Does the reporting entity have business subject to premium rate guarantees?

Yes [☐] No [☒]

9.2

If yes, direct premium earned:

9.21

Business with rate guarantees between 15-36 months..\$

0

9.22

Business with rate guarantees over 36 months

\$ 0

ANNUAL STATEMENT FOR THE YEAR 2004 OF THE AMERICAN DENTAL PROVIDERS OF ARKANSAS, INC.

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

10.1

Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes [] No [X]

10.2

If yes:

10.21

Maximum amount payable bonuses.....

\$0

10.22

Amount actually paid for year bonuses.....

\$0

10.23

Maximum amount payable withholds.....

\$0

10.24

Amount actually paid for year withholds.....

\$0

11.1

Is the reporting entitiy organized as:

11.12

A Medical Group/Staff Model,

Yes [] No [X]

11.13

An Individual Practice Association (IPA), or, .

Yes [] No [X]

11.14

A Mixed Model (combination of above)?

Yes [] No [X]

11.2

Is the reporting entity subject to Minimum Net Worth Requirements?

Yes [X] No []

11.3

If yes, show the name of the state requiring such net worth

Arkansas

11.4

If yes, show the amount required

\$100,000

11.5

Is this amount included as part of a contingency reserve in stockholder's equity?

Yes [] No [X]

11.6

If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

1
Name of Service Area
State of Arkansas
.....

FIVE-YEAR HISTORICAL DATA

	1 2004	2 2003	3 2002	4 2001	5 2000
BALANCE SHEET ITEMS (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 26)	220,443	156,504	225,015	243,810	574,915
2. Total liabilities (Page 3, Line 22)	18,056	39,113	73,210	84,483	36,242
3. Statutory surplus	100,000	100,000	100,000	100,000	100,000
4. Total capital and surplus (Page 3, Line 30)	202,387	117,391	151,805	159,327	538,673
INCOME STATEMENT ITEMS (Page 4)					
5. Total revenues (Line 8)	413,025	782,091	929,775	1,072,912	1,254,178
6. Total medical and hospital expenses (Line 18)	251,749	613,786	743,313	691,715	729,720
7. Claims adjustment expenses (Line 20)	0	0	0	0	0
8. Total administrative expenses (Line 21)	47,846	256,873	262,080	305,510	318,712
9. Net underwriting gain (loss) (Line 24)	113,430	(88,568)	(75,618)	75,687	205,746
10. Net investment gain (loss) (Line 27)	2,540	2,730	4,321	7,022	6,140
11. Total other income (Lines 28 plus 29)	13,733	22,552	29,480	36,428	39,809
12. Net income or (loss) (Line 32)	85,746	(38,758)	(27,918)	119,137	251,695
RISK-BASED CAPITAL ANALYSIS					
13. Total adjusted capital	202,387	117,391	151,805	159,327	538,673
14. Authorized control level risk-based capital	25,165	27,328	26,665	26,229	20,208
ENROLLMENT (Exhibit 1)					
15. Total members at end of period (Column 5, Line 7)	1,690	6,767	8,451	10,181	11,593
16. Total members months (Column 6, Line 7)	46,736	86,790	110,066	132,346	137,742
OPERATING PERCENTAGE (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
17. Premiums earned (Lines 2 plus 3)	100.0	100.0	100.0	100.0	100.0
18. Total hospital and medical plus other non-health (Lines 18 plus 19)	61.0	78.5	79.9	64.5	58.2
19. Cost containment expenses	0.0	XXX	XXX	XXX	XXX
20. Other claims adjustment expenses	0.0	0.0	0.0	0.0	0.0
21. Total underwriting deductions (Line 23)	72.5	111.3	108.1	92.9	83.6
22. Total underwriting gain (loss) (Line 24)	27.5	(11.3)	(8.1)	7.1	16.4
UNPAID CLAIMS ANALYSIS (U&I Exhibit, Part 2B)					
23. Total claims incurred for prior years (Line 12, Col. 5)	(2,601)	187	4,450	4,058	3,403
24. Estimated liability of unpaid claims-[prior year (Line 12, Col. 6)]	1,953	4,157	4,450	6,819	3,403
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
25. Affiliated bonds (Sch. D Summary, Line 25, Col. 1)	0	0	0	0	0
26. Affiliated preferred stocks (Sch. D Summary, Line 39, Col. 1)	0	0	0	0	0
27. Affiliated common stocks (Sch. D Summary, Line 53, Col. 2)	0	0	0	0	0
28. Affiliated short-term investments (subtotal included in Sch. DA, Part 2, Col. 5, Line 11)	0	0	0	0	0
29. Affiliated mortgage loans on real estate	0	0	0	0	0
30. All other affiliated	0	0	0	0	0
31. Total of above Lines 25 to 30	0	0	0	0	0

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS					
Governments (Including all obligations guaranteed by governments)	1. United States	105,355	103,881	105,492	105,000
	2. Canada	0	0	0	0
	3. Other Countries	0	0	0	0
	4. Totals	105,355	103,881	105,492	105,000
States, Territories and Possessions (Direct and guaranteed)	5. United States	0	0	0	0
	6. Canada	0	0	0	0
	7. Other Countries	0	0	0	0
	8. Totals	0	0	0	0
Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	9. United States	0	0	0	0
	10. Canada	0	0	0	0
	11. Other Countries	0	0	0	0
	12. Totals	0	0	0	0
Special revenue and special assessment obligations and all non- guaranteed obligations of agencies and authorities of governments and their political subdivisions	13. United States	0	0	0	0
	14. Canada	0	0	0	0
	15. Other Countries	0	0	0	0
	16. Totals	0	0	0	0
Public Utilities (unaffiliated)	17. United States	0	0	0	0
	18. Canada	0	0	0	0
	19. Other Countries	0	0	0	0
	20. Totals	0	0	0	0
Industrial and Miscellaneous and Credit Tenant Loans (unaffiliated)	21. United States	0	0	0	0
	22. Canada	0	0	0	0
	23. Other Countries	0	0	0	0
	24. Totals	0	0	0	0
Parent, Subsidiaries and Affiliates	25. Totals	0	0	0	0
	26. Total Bonds	105,355	103,881	105,492	105,000
PREFERRED STOCKS					
Public Utilities (unaffiliated)	27. United States	0	0	0	
	28. Canada	0	0	0	
	29. Other Countries	0	0	0	
	30. Totals	0	0	0	
Banks, Trust and Insurance Companies (unaffiliated)	31. United States	0	0	0	
	32. Canada	0	0	0	
	33. Other Countries	0	0	0	
	34. Totals	0	0	0	
Industrial and Miscellaneous (unaffiliated)	35. United States	0	0	0	
	36. Canada	0	0	0	
	37. Other Countries	0	0	0	
	38. Totals	0	0	0	
Parent, Subsidiaries and Affiliates	39. Totals	0	0	0	
	40. Total Preferred Stocks	0	0	0	
COMMON STOCKS					
Public Utilities (unaffiliated)	41. United States	0	0	0	
	42. Canada	0	0	0	
	43. Other Countries	0	0	0	
	44. Totals	0	0	0	
Banks, Trust and Insurance Companies (unaffiliated)	45. United States	0	0	0	
	46. Canada	0	0	0	
	47. Other Countries	0	0	0	
	48. Totals	0	0	0	
Industrial and Miscellaneous (unaffiliated)	49. United States	0	0	0	
	50. Canada	0	0	0	
	51. Other Countries	0	0	0	
	52. Totals	0	0	0	
Parent, Subsidiaries and Affiliates	53. Totals	0	0	0	
	54. Total Common Stocks	0	0	0	
	55. Total Stocks	0	0	0	
	56. Total Bonds and Stocks	105,355	103,881	105,492	

0

SCHEDULE D - VERIFICATION BETWEEN YEARS

1. Book/adjusted carrying value of bonds and stocks, prior year	105,019	6. Foreign Exchange Adjustment:	
2. Cost of bonds and stocks acquired, Col. 7, Part 3	105,492	6.1 Col. 15, Part 1	0
3. Increase (decrease) by adjustment:		6.2 Col. 19, Part 2, Sec. 1	0
3.1 Col. 12 + 13 - 14, Part 1	(156)	6.3 Col. 16, Part 2, Sec. 2	0
3.2 Col. 18, Part 2, Sec. 1	0	6.4 Col. 15, Part 4	0
3.3 Col. 15, Part 2, Sec. 2	0	7. Book/adjusted carrying value at end of current period	105,355
3.4 Col. 14, Part 4	0 (156)	8. Total valuation allowance	0
4. Total gain (loss), Col. 19, Part 4	0	9. Subtotal (Lines 7 plus 8)	105,355
5. Deduct consideration for bonds and stocks disposed of Column 7, Part 4	105,000	10. Total nonadmitted amounts	0
		11. Statement value of bonds and stocks, current period	105,355

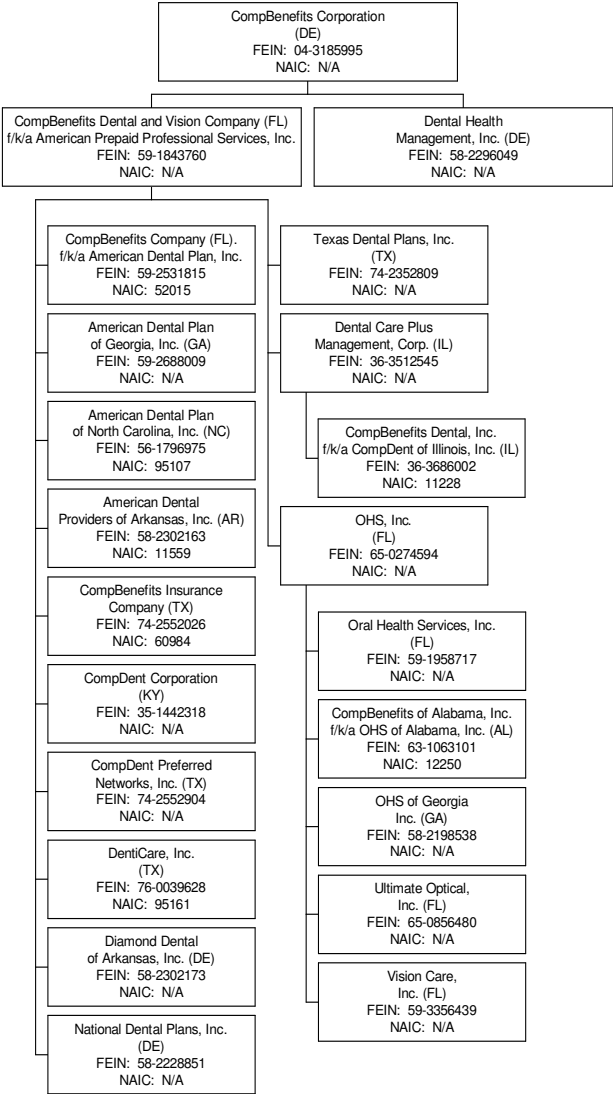
SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories								
States, etc.	1	2	Direct Business Only					
			3	4	5	6	7	8
	Guaranty Fund (Yes or No)	Is Insurer Licensed? (Yes or No)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Deposit-Type Contract Funds	Property/Casualty Premiums
1. Alabama	AL	NO	0	0	0	0	0	0
2. Alaska	AK	NO	0	0	0	0	0	0
3. Arizona	AZ	NO	0	0	0	0	0	0
4. Arkansas	AR	YES	398,862	0	0	0	0	0
5. California	CA	NO	0	0	0	0	0	0
6. Colorado	CO	NO	0	0	0	0	0	0
7. Connecticut	CT	NO	0	0	0	0	0	0
8. Delaware	DE	NO	0	0	0	0	0	0
9. District of Columbia	DC	NO	0	0	0	0	0	0
10. Florida	FL	NO	0	0	0	0	0	0
11. Georgia	GA	NO	0	0	0	0	0	0
12. Hawaii	HI	NO	0	0	0	0	0	0
13. Idaho	ID	NO	0	0	0	0	0	0
14. Illinois	IL	NO	0	0	0	0	0	0
15. Indiana	IN	NO	0	0	0	0	0	0
16. Iowa	IA	NO	0	0	0	0	0	0
17. Kansas	KS	NO	0	0	0	0	0	0
18. Kentucky	KY	NO	0	0	0	0	0	0
19. Louisiana	LA	NO	0	0	0	0	0	0
20. Maine	ME	NO	0	0	0	0	0	0
21. Maryland	MD	NO	0	0	0	0	0	0
22. Massachusetts	MA	NO	0	0	0	0	0	0
23. Michigan	MI	NO	0	0	0	0	0	0
24. Minnesota	MN	NO	0	0	0	0	0	0
25. Mississippi	MS	NO	0	0	0	0	0	0
26. Missouri	MO	NO	0	0	0	0	0	0
27. Montana	MT	NO	0	0	0	0	0	0
28. Nebraska	NE	NO	0	0	0	0	0	0
29. Nevada	NV	NO	0	0	0	0	0	0
30. New Hampshire	NH	NO	0	0	0	0	0	0
31. New Jersey	NJ	NO	0	0	0	0	0	0
32. New Mexico	NM	NO	0	0	0	0	0	0
33. New York	NY	NO	0	0	0	0	0	0
34. North Carolina	NC	NO	0	0	0	0	0	0
35. North Dakota	ND	NO	0	0	0	0	0	0
36. Ohio	OH	NO	0	0	0	0	0	0
37. Oklahoma	OK	NO	0	0	0	0	0	0
38. Oregon	OR	NO	0	0	0	0	0	0
39. Pennsylvania	PA	NO	0	0	0	0	0	0
40. Rhode Island	RI	NO	0	0	0	0	0	0
41. South Carolina	SC	NO	0	0	0	0	0	0
42. South Dakota	SD	NO	0	0	0	0	0	0
43. Tennessee	TN	NO	0	0	0	0	0	0
44. Texas	TX	NO	0	0	0	0	0	0
45. Utah	UT	NO	0	0	0	0	0	0
46. Vermont	VT	NO	0	0	0	0	0	0
47. Virginia	VA	NO	0	0	0	0	0	0
48. Washington	WA	NO	0	0	0	0	0	0
49. West Virginia	WV	NO	0	0	0	0	0	0
50. Wisconsin	WI	NO	0	0	0	0	0	0
51. Wyoming	WY	NO	0	0	0	0	0	0
52. American Samoa	AS	NO	0	0	0	0	0	0
53. Guam	GU	NO	0	0	0	0	0	0
54. Puerto Rico	PR	NO	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	NO	0	0	0	0	0	0
56. Canada	CN	NO	0	0	0	0	0	0
57. Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0
58. Totals (Direct Business)	XXX	(a) 1	398,862	0	0	0	0	0
DETAILS OF WRITE-INS								
5701.	XXX	XXX						
5702.	XXX	XXX						
5703.	XXX	XXX						
5798. Summary of remaining write-ins for Line 57 from overflow page	XXX	XXX	0	0	0	0	0	0
5799. Totals (Lines 5701 thru 5703 plus 5798)(Line 57 above)	XXX	XXX	0	0	0	0	0	0

Explanation of basis of allocation of premiums by states, etc. of premiums and annuity considerations

0
(a) Insert the number of yes responses except for Canada and Other Alien.
0

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



OVERFLOW PAGE FOR WRITE-INS